

COEUR D'ALENE TRIBE
DEPARTMENT OF EDUCATION

FORM #2



P.O. Box 408 - 850 'A' Street
Plummer, Idaho 83851
(208) 686-7322
(208) 686.1800

FAX (208) 686-5804

FINANCIAL AID FORM

SECTION 1: Student Completes: Student is responsible for submitting this form to the Financial Aid Office.

Student Name: _____ Social Security #: _____

Institution Name: _____ Date Classes: BEGIN _____ END _____

I will attend the following terms: Fall 20 ____ Winter 20 ____ Spring 20 ____ ***Summer 20 ____

Student Signature: _____ Date: _____

*** Summer funding is authorized on a limited basis only.

SECTION II: Financial Aid Office Completes: Return directly to the above address.

Student has not yet applied for aid and cannot be considered ☐ Complete ACTUAL Budget ☐
Student's application is late and may be considered later ☐
FAO will send when completed ☐

This budget is for: Fall 20 ____ Winter 20 ____ Spring 20 ____ Summer 20 ____

STUDENT BUDGET:

STUDENT RESOURCES:

Tuition and Fees\$ _____
Books and Supplies\$ _____
Room and Board\$ _____
Transportation\$ _____
Personal Expenses\$ _____
Other (List)\$ _____
.....\$ _____
.....\$ _____
Total Expenses \$ _____

Student Contribution\$ _____
Parent Contribution\$ _____
Spouse Contribution\$ _____
Social Security\$ _____
ADC/PA\$ _____
Veteran's Benefits;\$ _____
Other\$ _____
.....\$ _____
Total \$ _____

PROJECTED DISTRIBUTION OF INSTITUTIONAL AWARD:

Type (List)	Fall	Winter	Spring	Summer	Total
Pell Grant					
Total					

AUTHORIZING OFFICIAL'S SIGNATURE

TITLE

DATE

INSTITUTION

ADDRESS

PHONE NUMBER